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AHRQ Quality Indicators e-Newsletter

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In this issue:

PQI Diabetes Indicators Endorsed by NQF

The National Quality Forum (NQF) has announced the endorsement of 29 national voluntary consensus standards for diabetes care for internal quality improvement (QI) and community-level monitoring. The NQF measures that deal with complication-related admissions are based on four of the AHRQ PQIs:

- Admissions for uncontrolled diabetes or short-term complications per 100,000 population is based on PQI #1 - Diabetes Short-term Complication Admission Rate and PQI #14 - Uncontrolled Diabetes Admission Rate.
- Admissions for diabetes long-term complications per 100,000 population is based on PQI #3 - Diabetes Long-term Complication Admission Rate.
- Admissions for lower-extremity amputation among patients with diabetes per 100,000 population is based on PQI #16 - Rate of Lower-extremity Amputation among Patients with Diabetes.

For more information, see the news item posted on the AHRQ QI Web site, at http://www.qualityindicators.ahrq.gov/news/2005-September%20NQF%20Story.htm.

Return to top

User Story: Utah Provides Online Quality Information

The Utah Department of Health hosts the Indicator-Based Information System (IBIS-PH) that provides information on the health status of Utah residents, the state of the health care system, and Utah public health activities, available at http://ibis.health.utah.gov. Users can access

published reports, health assessment indicator profiles, and even query health data directly.

Indicator Profiles now include findings for quality of care for Utah inpatients in 1999-2003 based on six of the AHRQ Prevention Quality Indicators:

- Pediatric Asthma Admission Rate (PQI #4)
- Diabetes Short-term Complications Admission Rate (PQI #1)
- Diabetes Long-term Complications Admission Rate (PQI #3)
- Uncontrolled Diabetes Without Complications Admission Rate (PQI #14)
- Lower Extremity Amputations Among Patients with Diabetes Admission Rate (PQI #16)
- Bacterial Pneumonia Admission Rate (PQI #11).

These measures are "ambulatory-care sensitive conditions" that evidence suggests could largely have been avoided through better outpatient care. The data presented are at the state level and can be stratified by county, but not by provider. Measures are annual rates that are risk-adjusted for gender and age.

In addition, Utah has developed a Web-based Patient Data Query System that is based on the AHRQ Patient Safety Indicators (PSI) software. Utah hospitals administrators can logon and generate reports about their facility based on their discharge data on any or all of the PSIs, Adverse Drug Events, or on selected ICD-9 Diagnostic, Procedure, or E-codes.

Users are restricted to viewing data on their own institution. They can, however, view comparisons of their facility to aggregated data on the State, their peer group, or their hospital system. Access is controlled by the logon name and password.

For more information contact Carol Masheter (cmasheter@utah.gov).

Return to top

More States Report on AHRQ QIs

The Florida HealthStat Web site (http://www.floridacomparecare.gov/) provides a tool to allow consumers to compare hospitals based on the IQIs that measure mortality for inpatient conditions and procedures, and on six PSIs that measure complication rates.

In October the Commonwealth of Massachusetts began comparative reporting on hospital quality and cost using 10 AHRQ IQIs (http://www.mass.gov/healthcareqc.) The site uses symbols to communicate whether each hospital listed in a report has rates that are significantly higher (*), as expected (**), or significantly lower (***) than the state average. Cost comparisons are communicated using dollar signs.

Return to top

Considerations in Public Reporting

At the 2005 AHRQ QI User Meeting, Dr. Shoshanna Sofaer, D.P.H. of Baruch College presented on considerations in public reporting. Dr. Sofaer has elaborated on that topic in a brief article posted on the AHRQ QI web site (http://www.qualityindicators.ahrq.gov/newsletter/Considerations_Public_Reporting.htm). The article identifies, based on research and practical experience, what those considering public reporting need to consider and know.

Return to top

RAND Evaluation

RAND is currently conducting an evaluation of the uses of the AHRQ QIs. The purpose of the evaluation is to better understand the development, use and benefits of quality indicator development generally, along with the important considerations driving the current demand for QIs (e.g., quality improvement programs, patient safety programs, public reporting, pay-for-performance, etc.). The evaluation will consider what indicators and data exist to supplement and/or enhance the utility of AHRQ QIs, and what lessons can be learned or applied to future AHRQ QI development.

RAND would like to hear from users about how you are using the AHRQ QIs, experiences that you have had, and priorities for further QI development. Respondents will be asked briefly about their QI use and may be asked to participate in a follow-up one-hour interview. If you would like to participate, please contact Peter Hussey at RAND (email: hussey@rand.org, phone: (703) 413-1100 x5460).

Return to top

AHRQ QI Composite Measures

The AHRQ Quality Indicators Workgroup on Composite Measures will begin this month to develop composite measures for the AHRQ QI, beginning with the Prevention Quality Indicators (PQIs). Nominations for the PQI Composite Measure Workgroup were submitted to the AHRQ QI Support Team in response to a LISTSERV® announcement (see LISTSERV® archive for details) and members were selected to represent individuals from a variety of fields and perspectives (epidemiology, health services research, medicine, performance measurement, etc.). AHRQ received many nominations of well-qualified individuals. Selection was made based upon the most properly qualified individuals within the following areas:

- Peer-reviewed publications relevant to the development of composite measures
- Knowledge of recent composite methodologies published in the literature
- Experience with development of measures based on administrative data and its uses
- Expertise in statistical methods relevant to the development of composite

measures
- Representative of material user perspectives.

Members of the PQI Composite Measure Workgroup are:

Individual members

John Adams, RAND
Gail Amundson, HealthPartners
David Ballard, Baylor Health Care System
Christina Bethell, Oregon Health Sciences University
Cheryl Damberg, Pacific Business Group on Health
Mary Beth Landrum, Harvard Medical School
Patrick Roohan, New York State Department of Health

Organizational members

Russell Mardon, NCQA
Ernie Moy, AHRQ National Healthcare Quality Report
Stephen Schmaltz, JCAHO
Cathy Schoen, Commonwealth Fund

The AHRQ QI Workgroup is part of a structured approach for developing composite measures at the national and state level. The Workgroup will evaluate appropriate technical and feasible methodological approaches currently available, and will recommend strategies for a composite measure methodology that best fits the AHRQ QI user needs. The Workgroup will address several key issues for each composite measure, including: 1) What quality concept is the composite intended to measure? 2) What individual indicators should be included in the composite? 3) How should the individual indicators be combined? 4) Should the composite be condition-specific (e.g., cardiovascular disease, or diabetes), population-specific (e.g., pediatrics, women, or geriatrics), or by domains?

In late January, preliminary results will be made available for public comment. A final report will summarize the Workgroup findings, and software will be made available to implement the PQI composite in SAS and Windows. The current schedule is to release the PQI composite in late Winter 2006. Composite measure workgroups for the Inpatient Quality Indicator and the Patient Safety Indicators will follow a similar process beginning in Spring 2006 and Fall 2006, respectively. A separate Call for Nominations will be disseminated via the listserv at the appropriate times.

Return to top

Software Releases

The AHRQ QI Windows Application Version 2.0 was released at the end of November. The AHRQ Quality Indicators support team held a web-based training session on Friday, December 9, to introduce the AHRQ QI Windows software and to describe the new features and functionality. There were more than 40 registrants. The new software may be downloaded at http://www.qualityindicators.ahrq.gov/winqi_download.htm.

The Fiscal Year 2006 updates to the PQIs (SAS only) were also released at the end of November. Users will notice that PQI #4 (pediatric asthma) and PQI #6 (pediatric gastroenteritis) have been moved to the new Pediatric Quality Indicator (PedQI) module to be released in January, 2006. With the exception of Low Birth Weight (PQI #9), all remaining PQI apply to adult populations, age 18 or older. Updates due to ICD-9-CM and DRG coding changes were minimal, and a few new exclusions were added to selected indicators.

The updated SAS software may be accessed from http://www.qualityindicators.ahrq.gov/pqi_download.htm

Return to to

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The support e-mail address for the Quality Indicators is support@qualityindicators.ahrq.gov.

To subscribe to the Quality Indicators Listserv, go to http://www.qualityindicators.ahrq.gov/signup.htm and follow the directions. The purpose of the Quality Indicators (QIs) LISTSERV® is to inform interested parties of modifications and enhancements to the QIs or other information related to the AHRQ QIs.